

FILED OCT 14 1948

State File No.

Registration District No. 3020

Primary Registration District No. 3071

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Slater  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ✓

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Frank Leslie Kelton

3. (b) If veteran,

3. (c) Social Security

name war

No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Jane Kelton 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July - 16 - 1869 (Month) (Day) (Year)

8. AGE: Years 79 Months 02 Days 18 If less than one day hr. min.

9. Birthplace Lodi, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Miner

11. Industry or business And Street Metal Works

12. Name Rufus Kelton

13. Birthplace Slater, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Hunter

15. Birthplace Slater, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Les Kelton

(b) Address Slater, Mo.

17. (a) Burial (b) Date thereof 10-6-48 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park, Mo.

18. (a) Signature of funeral director John W. Sager

(b) Address Slater, Mo.

19. (a) Oct. 6 - 1948 (b) Mr. Earl C. Miller (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline  
(c) City or town Slater  
(If outside city or town limits, write "RURAL")  
(d) Street No. 125 Harold (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1948 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 26 1948 to 10-4 1948  
that I last saw him alive on 10-4 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer, Prostate gland Duration 3 yr  
Due to Acute Retention 24 hr.  
Due to Pulmonary Edema 24 hr.

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None 5/13  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence None  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury None  
Signature W. E. Taylor M.D. or other 10/9/48  
Address Slater, Mo. Date signed

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 70-13-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Richard V. Drummond

working under my personal supervision. Registered Apprentice No. 103

Signed.....

James E. Jones

Licensed Embalmer No. 3143

P. O. Address.....

Slater N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.